

U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
BUREAU OF JUSTICE ASSISTANCE
PUBLIC SAFETY OFFICERS BENEFITS PROGRAM
WASHINGTON, D.C. 20531
CLAIM FOR DEATH BENEFITS

FOR DOJ USE ONLY

CASE NUMBER _____

DATE RECEIVED _____

This form should be filed by a surviving spouse, child/children, insurance beneficiary and/or parent(s) of the deceased public safety officer. This claim may be prepared by someone on behalf of these individuals. If you are filing on behalf of others, you must attach evidence of your authority to do so. **PLEASE PRINT PLAINLY OR TYPE**

1. NAME OF OFFICER (Last, First, Middle)

2. OFFICER'S TITLE

3. SOCIAL SECURITY NUMBER

4. DATE OF INJURY

5. DATE OF DEATH

6. NAME AND PHYSICAL ADDRESS OF EMPLOYING AGENCY, ORGANIZATION OR UNIT IN WHOSE SERVICE DEATH OCCURRED (Include zip code)

INSTRUCTIONS: To ensure payment to all eligible individuals, attach valid documentation (such as notarized, certified, or attested to documentation) regarding marriage, divorce, separation decrees, death certificates, birth certificates, adoption papers, custody agreements, or other evidence of parent-child relationship, as appropriate for any claimant in Parts I and II

**PART I
INFORMATION
ON SURVIVING
BENEFICIARY**

If at the time of an officer's death the officer was survived by a husband, wife, or parent(s), Part I should be completed. If there are children of the officer, regardless of age or dependency, Part II must be completed. (Attach certified copies of marriage license, all divorce decrees (including custody agreements), or separation agreements as applicable to marital relationship with the officer and certified copies of children's birth certificates.) If the decedent is survived by neither spouse nor eligible child, provide a copy of the officer's most recent life insurance policies.
PLEASE NOTE: The decedent's employing agency will be asked to provide departmental insurance policies.

7. ELIGIBLE BENEFICIARY Spouse ☐ Mother ☐ Father ☐ Other beneficiary ☐

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)

NAME (Last, First, Middle)

SOCIAL SECURITY NO.

MAILING ADDRESS (Include zip code)

8. MARITAL STATUS OF OFFICER AT TIME OF DEATH.

MARRIED ☐ SINGLE ☐
SEPARATED ☐ OTHER ☐ _____
DIVORCED ☐ (Please identify)

Attach necessary documentation such as marriage certificates, all divorce decrees and custody agreements, or separation agreements.

9. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER WAS MARRIED AT ANY TIME TO ANYONE ELSE?

YES ☐ NO ☐ UNKNOWN ☐

If yes, please list number of marriages and submit documents to show dissolution of prior marriages, such as death certificates or divorce decrees. _____

9a. List number of times surviving spouse was previously married. _____

10. DO YOU HAVE REASON TO BELIEVE THAT THE OFFICER HAD A CHILD(REN) FROM A PREVIOUS MARRIAGE OR RELATIONSHIP?

YES ☐ NO ☐

If yes, include in Part II or explain on a separate sheet of paper and attach to this form.

**PART II
SURVIVING
CHILDREN
INFORMATION**

If the officer was survived by a natural, out-of-wedlock, adopted or posthumous child, or stepchild (or children) at the time of death, complete this part. All surviving children should be listed regardless of age or dependency status at the time of the officer's death. Attach a certified copy of birth certificates, adoption papers, DNA results, or other evidence of parent-child relation, as appropriate.

11. NAME (Last, First, Middle Initial)

Date of Birth

Social Security No.

If over 18, educational status at the time of parent's death

Marital Status (regardless of age)

Full-Time ☐ Part-Time ☐ N/A ☐Married ☐ Single ☐

Address (if different from item 7, above) and Telephone Number

PARENT OR LEGAL GUARDIAN NAME & SOCIAL SECURITY NUMBER